

**EXHIBIT A1 - COLLINS COMPLAINT**

STATE OF TENNESSEE     )  
                                      )  
COUNTY OF DAVIDSON    )

**AFFIDAVIT OF ELIZABETH ANN MCCULLOUGH**

COMES NOW the affiant, **ELIZABETH ANN MCCULLOUGH**, who, having first been duly sworn, states that the following statements are true:

1. All of the statements contained in this Affidavit are true and correct and made on the basis of my personal knowledge. I am an adult citizen of the State of Tennessee, over the age of 18 years, and am competent to make the statements contained in this Affidavit. I am a paralegal with Branstetter, Stranch and Jennings, PLLC, located in Nashville, Tennessee.

2. On September 20, 2013, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to Specialty Surgery Center at the address for the agent for service of process (Donathan M. Ivey, 116 Brown Ave, Crossville, TN 38555). I obtained certificates of mailing from the United States Postal Service stamped with the date of mailing as required by T.C.A. § 29-26-121(a). I attach as Exhibit 1 a copy of the Notice letter sent to Specialty Surgery Center along with copies of the enclosures to the letter which include a list of the names and address of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121, a HIPAA compliant medical authorization permitting Specialty Surgery Center to obtain complete medical records from each other provider being sent a Notice, and a copy of the Certificate of Mailing from the United States Postal Service stamped with the date of mailing of the Notice and enclosures.

3. On September 20, 2013, I mailed by certified mail, return receipt requested, a Notice letter and enclosures to Dr. Kenneth R Lister, M.D. at the address listed for Dr. Lister on the Tennessee Department of Health website (Outpatient Anesthesia, 2761 Sullins Street,

**EXHIBIT A1 - COLLINS COMPLAINT**

Knoxville TN 37919) and at the provider's current business address (Specialty Surgery Center, PLLC, 116 Brown Ave, Crossville, TN 38555). I obtained certificates of mailing from the United States Postal Service stamped with the date of mailing as required by T.C.A. § 29-26-121(a). I attach as Exhibit 2 a copy of the Notice letters sent to Dr. Lister along with copies of the enclosures to the letter which include a list of the names and address of all healthcare providers who were served Notice pursuant to T.C.A. § 29-26-121, a HIPAA compliant medical authorization permitting Dr. Lister to obtain complete medical records from each other provider being sent a Notice, and a copy of the Certificate of Mailing from the United States Postal Service stamped with the date of mailing of the Notices and enclosures.

FURTHER AFFIANT SAITH NOT.

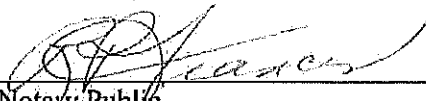
  
Elizabeth Ann McCullough

EXHIBIT A1 - COLLINS COMPLAINT

State of Tennessee                     )  
   )  
County of Davidson                     )

Personally appeared before me, the undersigned, a Notary Public of said County and State, Elizabeth Ann McCullough, with whom I am personally acquainted or proved to me on the basis of satisfactory evidence, and who acknowledged that the foregoing was sworn to and executed for the purpose therein contained.

This 19<sup>th</sup> day of December, 2013.

  
\_\_\_\_\_  
Notary Public

My commission expires: 12-06-2016

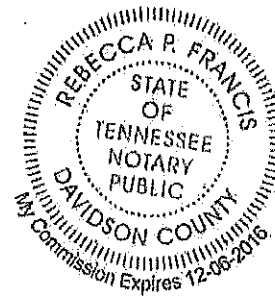


Exhibit 1

BRANSTETTER, STRANCH & JENNINGS, PLLC

ATTORNEYS AT LAW  
227 SECOND AVENUE NORTH  
FOURTH FLOOR

NASHVILLE, TENNESSEE 37201-1631  
TELEPHONE (615) 254-8801 ~ FACSIMILE (615) 250-3937

CECIL D. BRANSTETTER, SR.  
C. DEWEY BRANSTETTER, JR.  
RANDALL C. FERGUSON  
R. JAN JENNINGS\*  
JOE P. LENISKI, JR.  
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MIKE STEWART  
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J. GERARD STRANCH, IV  
MICHAEL J. WALL

ASSOCIATES:  
KARLA M. CAMPBELL  
BEN GASTEL\*  
STACEY K. SKILLMAN \*\*

OF COUNSEL:  
ROBERT E. RICHARDSON, JR. \*\*\*

\* ALSO ADMITTED IN GA  
\*\* ALSO ADMITTED IN KY  
\*\*\* ONLY ADMITTED IN OH

September 20, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Specialty Surgery Center, PLLC  
c/o Registered Agent Donathan M. Ivey  
116 Brown Ave  
Crossville, TN 38555

Re: **JUDY COLLINS**  
Notice of health care liability claim required by  
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: Specialty Surgery Center, PLLC:

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarman, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D. and Specialty Surgery Center, PLLC, including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Specialty Surgery Center, PLLC to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY ANN COLLINS  
Date of Birth: 11/17/1959

The names and address of the claimants authorizing this notice:

Judy Collins  
734 Sequoia Drive Crossville, TN 38572

Specialty Surgery Center, PLLC  
September 20, 2013  
Page 2

The name and address of the attorney sending this notice:

J. GERARD STRANCH, IV  
BRANSTETTER, STRANCH & JENNINGS, PLLC  
227 Second Avenue North, 4<sup>th</sup> Floor  
Nashville, Tennessee 37201

Additionally I am writing to place Specialty Surgery Center, PLLC on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.


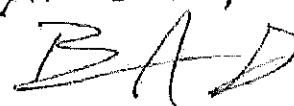
Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Judy Collins, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Judy Collins.

Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Very truly yours,

 *with permission by*  
J. GERARD STRANCH, IV 

Enclosures

List of Healthcare Providers

1. Dr. Kenneth R Lister  
Outpatient Anesthesia  
2761 Sullins Street  
Knoxville, TN 37919

Location where injection received:  
Specialty Surgery Center, PLLC  
116 Brown Avenue  
Crossville, TN 38555

2. Specialty Surgery Center, PLLC  
c/o Registered Agent Donathan M. Ivey  
116 Brown Ave  
Crossville, TN 38555

### LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

#### Information To Be Used Or Disclosed

Patient Name: Judy Collins

Patient Identifier: DOB: 11/17/1959

**Description of Information:** Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

#### Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

#### Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, or any representative, attorney or investigator from said organization or person.

#### Purpose of the Requested Use or Disclosure

Legal Case

#### Expiration and Revocation of This Authorization

Expiration Date or Event: 7/20/2014

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins  
Signature (Patient)

7-12-13  
Date

\_\_\_\_\_  
Signature (Authorized Representative) Date

\_\_\_\_\_  
Signature (Witness)

\_\_\_\_\_  
Relationship to Patient

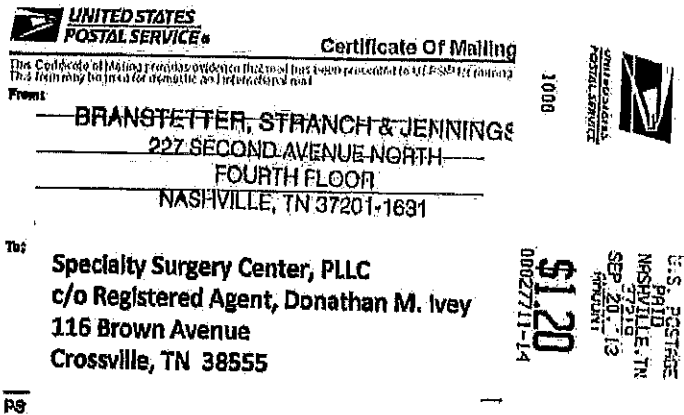




Exhibit 2

BRANSTETTER, STRANCH & JENNINGS, PLLC

ATTORNEYS AT LAW  
227 SECOND AVENUE NORTH  
FOURTH FLOOR

NASHVILLE, TENNESSEE 37201-1631  
TELEPHONE (615) 254-8801 ~ FACSIMILE (615) 250-3937

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J. GERARD STRANCH, IV  
MICHAEL J. WALL

ASSOCIATES:  
KARLA M. CAMPBELL  
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STACEY K. SKILLMAN \*\*

OF COUNSEL:  
ROBERT E. RICHARDSON, JR. \*\*\*

\* ALSO ADMITTED IN GA  
\*\* ALSO ADMITTED IN KY  
\*\*\* ONLY ADMITTED IN OH

September 20, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Kenneth R Lister, M.D.  
Outpatient Anesthesia  
2761 Sullins Street  
Knoxville, TN 37919

Specialty Surgery Center, PLLC  
116 Brown Avenue  
Crossville, TN 38555

Re: **JUDY COLLINS**

Notice of health care liability claim required by  
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: Kenneth R. Lister M.D.:

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarman, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D. and Specialty Surgery Center, PLLC, including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by Kenneth R. Lister M.D. and/or employees and/or agents of Kenneth R. Lister, M.D. to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY ANN COLLINS

Date of Birth: 11/17/1959

The names and address of the claimants authorizing this notice:

Judy Collins

Kenneth R. Lister M.D.  
September 20, 2013  
Page 2

734 Sequoia Drive Crossville, TN 38572

The name and address of the attorney sending this notice:

J. GERARD STRANCH, IV  
BRANSTETTER, STRANCH & JENNINGS, PLLC  
227 Second Avenue North, 4<sup>th</sup> Floor  
Nashville, Tennessee 37201

Additionally I am writing to place Kenneth R. Lister M.D. on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.


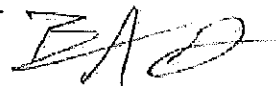
Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on Judy Collins, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Judy Collins.

Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Very truly yours,

  
J. GERARD STRANCH, IV 

Enclosures

List of Healthcare Providers

1. Dr. Kenneth R Lister  
Outpatient Anesthesia  
2761 Sullins Street  
Knoxville, TN 37919

Location where injection received:  
Specialty Surgery Center, PLLC  
116 Brown Avenue  
Crossville, TN 38555

2. Specialty Surgery Center, PLLC  
c/o Registered Agent Donathan M. Ivey  
116 Brown Ave  
Crossville, TN 38555

### LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider Identified below to disclose certain information (the "Information") as provided in this Authorization.

#### Information To Be Used Or Disclosed

Patient Name: Judy Collins

Patient Identifier: DOB: 11/17/1959

Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

#### Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister

I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

#### Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, or any representative, attorney or investigator from said organization or person.

#### Purpose of the Requested Use or Disclosure

Investigation

#### Expiration and Revocation of This Authorization

Expiration Date or Event: 7-20-2014

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins 7-12-13  
Signature (Patient) Date

\_\_\_\_\_  
Signature (Authorized Representative) Date

\_\_\_\_\_  
Signature (Witness)

\_\_\_\_\_  
Relationship to Patient



Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:

**BRANSTETTER, STRANOH & JENNINGS**  
**227 SECOND AVENUE NORTH**  
**FOURTH FLOOR**  
**NASHVILLE, TN 37201-1631**

To:

**Kenneth R. Lister, M.D.**  
**Outpatient Anesthesia**  
**2761 Sullins Street**  
**Knoxville, TN 37919**

PS Form 3841

1000



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SEP 20 2013  
\$1.20  
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**BRANSTETTER, STRANCH & JENNINGS, PLLC**

ATTORNEYS AT LAW  
227 SECOND AVENUE NORTH

FOURTH FLOOR  
NASHVILLE, TENNESSEE 37201-1631  
TELEPHONE (615) 254-8801 ~ FACSIMILE (615) 250-3937

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STACEY K. SKILLMAN \*\*

OF COUNSEL:  
ROBERT E. RICHARDSON, JR. \*\*\*

\* ALSO ADMITTED IN GA  
\*\* ALSO ADMITTED IN KY  
\*\*\* ONLY ADMITTED IN OH

September 20, 2013

**CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Kenneth R Lister, M.D.  
Outpatient Anesthesia  
2761 Sullins Street  
Knoxville, TN 37919

Specialty Surgery Center, PLLC  
116 Brown Avenue  
Crossville, TN 38555

Re: **JUDY COLLINS**  
Notice of health care liability claim required by  
Tennessee Code Annotated § 29-26-121 and Insurance Carrier Notice of Claims

To: Kenneth R. Lister M.D.:

Branstetter, Stranch & Jennings, PLLC; Aylstock, Witkin, Kreis & Overholtz, PLLC; Foote, Meyers, Mielke & Flowers, LLC and Sugarmann, Rogers, Barshak & Cohen, P.C. are the attorneys representing Judy Collins. Through her attorney, Judy Collins is asserting potential claims for health care liability against Kenneth R. Lister, M.D. and Specialty Surgery Center, PLLC, including their agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by Kenneth R. Lister M.D. and/or employees and/or agents of Kenneth R. Lister, M.D. to Judy Collins from May 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

JUDY ANN COLLINS

Date of Birth: 11/17/1959

The names and address of the claimants authorizing this notice:

Judy Collins

Kenneth R. Lister M.D.  
September 20, 2013  
Page 2

734 Sequoia Drive Crossville, TN 38572

The name and address of the attorney sending this notice:

J. GERARD STRANCH, IV  
BRANSTETTER, STRANCH & JENNINGS, PLLC  
227 Second Avenue North, 4<sup>th</sup> Floor  
Nashville, Tennessee 37201

Additionally I am writing to place Kenneth R. Lister M.D. on notice of claims by Judy Collins who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Judy Collins hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

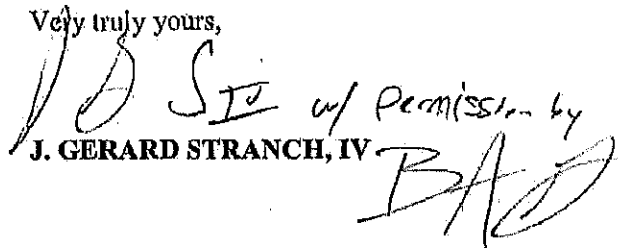
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Neither this notice nor the medical authorization waives the common law physician-patient privilege concerning the care and treatment of Judy Collins by any doctor who provided medical services for Judy Collins. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of Judy Collins.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Very truly yours,

 w/ permission by  
J. GERARD STRANCH, IV

Enclosures

**List of Healthcare Providers**

**1. Dr. Kenneth R Lister  
Outpatient Anesthesia  
2761 Sullins Street  
Knoxville, TN 37919**

**Location where Injection received:  
Specialty Surgery Center, PLLC  
116 Brown Avenue  
Crossville, TN 38555**

**2. Specialty Surgery Center, PLLC  
c/o Registered Agent Donathan M. Ivey  
116 Brown Ave  
Crossville, TN 38555**



## LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

### Information To Be Used Or Disclosed

Patient Name: Judy Collins

Patient Identifier: DOB: 11/17/1959

**Description of Information:** Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.

### Persons Or Organizations Authorized To Disclose The Information

Health Care Provider: Specialty Surgery Center, Kenneth Lister

I authorize the Health Care Provider(s) and its employees and agents to disclose the information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.

### Persons or Organizations Authorized to Receive the Information

Specialty Surgery Center and/or Kenneth Lister, or any representative, attorney or investigator from said organization or person.

### Purpose of the Requested Use or Disclosure

Litigation

### Expiration and Revocation of This Authorization

Expiration Date or Event: 7-20-2014

I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:

\_\_\_\_\_  
\_\_\_\_\_

I understand that I may see and copy the information if I ask for it. I understand that any information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.

Judy Collins  
Signature (Patient)

7-12-13  
Date

\_\_\_\_\_  
Signature (Authorized Representative) Date

\_\_\_\_\_  
Signature (Witness)

\_\_\_\_\_  
Relationship to Patient



**Certificate Of Mailing**

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.  
This form may be used for domestic and international mail.

From:

**BRANSTETTER, STRANCH & JENNINGS**  
**227 SECOND AVENUE NORTH**  
**FOURTH FLOOR**  
**NASHVILLE, TN 37201-1681**

To:

• **Kenneth R. Lister, M.D.**  
• **Specialty Surgery Center, PLLC**  
• **116 Brown Avenue**  
• **Crossville, TN 38555**

RSI

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**\$1.20**

**U.S. POSTAGE**  
**NASHVILLE, TN**  
**SEP 27 2015**  
**PM 0001**